

seen cyanide of potassium extensively used in connection with the extraction of gold and silver. Cases of poisoning, so far as he knew, were rare in those camps, and in those that he had observed, death was almost instantaneous.

Dr. Larkin said he had seen fourteen cases of cyanide of potassium poisoning during the past year. In most of these, death was almost instantaneous. There was one case of a druggist who was poisoned by dilute hydrocyanic acid, and the morning after he was brought to the hospital there was motor paralysis of both legs. The symptoms resembled those of an ascending myelitis, and death occurred in the course of four or five days. The microscopic examination of the cord in that case showed complete degeneration of the anterior motor cells, not at all unlike what Dr. Martland had described in his experimental work on rabbits. In those cases where instantaneous death had occurred after the use of cyanide of potassium, the microscopic studies had not yet been completed.

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PRESENTATION OF A CASE OF LEONTIASIS OSSEA

By Dr. Charles Louis Mix

The patient is a woman thirty-two years of age. When she was very young she was troubled with nasal catarrh and was treated for it when she was about five years of age. So far as her general appearance is concerned she showed nothing abnormal until about fourteen or fifteen years ago during her seventeenth year, at which time she began to notice a swelling at the inner corner of her left eye involving the nasal process of the superior maxilla. Subsequently other swellings began to appear in the bones of the upper part of the face, especially in the orbital plates of the frontal bone and in the region of the superciliary ridges. As time went on the right nasal process of the superior maxillary bone also began to enlarge, the enlargement continuing until the present time. Not only are the frontal, nasal and superior maxillary bones involved, but the malar bones and the parietals are also concerned in the process. The bi-parietal diameter is very much increased above what should be normal for her head. When her hair is raised from her forehead it will be noticed that the appearance of the face is such that it resembles a triangle, the chin marking the apex and the frontal bone the base. It will be noticed that the distance between the eyes is almost twice the normal amount by reason of the great increase in the ethmoid bone. The eyes are seen to be extremely prominent being pushed forward at least half way out of their sockets, and it will be observed that there is some lack of conjugation in the use of the eyeballs.

The growth has been extremely slow in rate but fairly uniform in increase in size, and although the patient states that she believes the bone enlargement involving the nasal process of the right superior maxillary bone is smaller than it was two years ago, it seems to be about as large as it was when first seen.

She shows no visual change of any sort. There is not a symptom in

her case either subjective or objective pointing to any disturbance of the pituitary body. Her hand is well formed and small, showing not a trace of acromegaly. There is also no enlargement of the lower jaw. On the contrary owing to the great enlargement of the upper part of the face and of the anterior half of the cranium, the lower jaw by comparison seems abnormally small.

In cases of this sort such subjective signs as appear are chiefly concerned with three structures, the nose, the eyes and the fifth nerve. Her nose shows a great thickening in the region of the nasal bones and the nasal processes of the superior maxillæ. The interiors of the nasal fossæ are largely blocked so that it is difficult for her to breathe through her nostrils. The sense of smell was absent for years but of late it has gradually returned so that she declares that she smells better than she did four or five years ago. Lately she has been able to sneeze, especially after using pepper. Formerly nothing seemed to be capable of exciting this reflex. Very recently she blew some blood from her nose, something which never happened before as far back as she can remember. It would seem from these facts that possibly there is an increase of the opening through the nares, possibly due to a diminution of congestion in the mucous membrane rather than to any actual decrease in the enlargement of the bones.

The eyes have never given her trouble. Subjectively there has never been a symptom of disturbance. Though she does not properly conjugate she declares she has never seen double, doubtless because of the very gradual development of her conjugate deviation. The lachrymal papillæ do not properly fit against the eyeball so that she is troubled with epiphora. When she goes out into a wind the tendency to flowing of the tears is increased. There is no hemianopia, either homonymous or heteronymous. Bi-temporal and bi-nasal vision are equally good. Examination of the fundus shows nothing abnormal. The absence of ocular symptoms and of acromegaly would seem to demonstrate that in her case there is no involvement at all of the hypophysis cerebri.

As to the fifth nerve, most cases of leontiasis ossea show some trigeminal neuralgia. In most of the cases of leontiasis ossea there is some contraction of the foramina of exit of the cranial nerves, especially of those coming forward. In the case of this young woman there has been a great deal of pain referable to the superior maxillary division of the fifth nerve. The ophthalmic division which comes through the sphenoidal fissure has three separate branches, namely, the frontal, lachrymal and nasal nerves and is not involved, possibly because of the fact that the sphenoidal fissure is not encroached upon. On the other hand the superior maxillary division of the fifth nerve which comes through the floor of the orbit and emerges at the infraorbital foramen is apt to be pinched in the orbital floor by the enlarging bone. Her pain formerly was very severe. For a year or two it was kept in abeyance by small doses of iodothyryne. Of late she has been taking one twentieth of a grain of calomel three times a day, she believes with much benefit to herself. At all events pain is now absent.

A few cases of leontiasis ossea have shown increased intracranial pressure, either in the form of persistent and severe headache or of motor manifestations, as of epilepsy. This patient has had some headache but only in amount and kind similar to that suffered by everybody. There has been no headache of a sort indicating any intracranial

pressure. There has never been in her case any sign of cortical irritation either of the sensory or motor cortex. A few cases have been reported in which there are thickenings of the soft tissues accompanying the bony changes in leontiasis ossea. This patient shows no change in the soft tissues at all.

CASE I. TABES DORSALIS (AMAUROTIC TYPE)

By D'Orsay Hecht, M.D.

Dr. Hecht said the patient was a member of the City Fire Department in active service on the hook and ladder. He was 37 years of age; married at the early age of 20, and was the father of several very healthy children. He had exposed himself to venereal disease in his youth and acknowledged to lapses of fidelity even during his married life, but failed to recall a single instance of gonorrhea, or any other venereal sore. It may be said that there is some somatic evidence of past lues in a general adenopathy and bony thickensses of the tibia. Confining oneself to the conspicuous tabetic symptoms: The pupils are widely dilated and of the Argyll Robertson type; the fundus of the right eye is chalky white, that of the left disc gray white. The optic atrophy is complete. Vision is very seriously impaired. The patient can distinguish fingers held closely before his eyes; he can at best in a gray light appreciate a moving figure, that is all. The knee jerks and Achilles jerks are absent, the cremaster is present, the sexual power is good. Trunk anesthesia is manifest in a border about eight inches in width encircling the thorax. He presents little or no ataxia of gait; has no Romberg and reveals imbalance only when he stands on the right foot alone. Slight bladder involvement in the form of incontinence. The onset and advance of the tabes has been so insidious and attended with so little discomfort except for a few lumbo-sacral lancinating pains that only within the past few months when his vision began to fail appreciably, has he realized the presence of the disease. It is important to note that even though his vision was very defective in February, 1908, he nevertheless attended fires, setting up ladders against high downtown buildings, and doing all that was part of his work with the hook and ladder company, and doing it as well as he ever did. In February, however, he began to realize the dangers that could arise from his poor eye-sight and asked to be put on lighter duty. He is at the present time doing fire-watch service for the Ringling Bros. circus at the Colliseum. He was referred to Dr. Pardee and only by close inspection and observation could it be noticed that he had any impairment of his vision. Of ataxia there was none. It was Dr. Hecht's comment of the case that in the amaurotic type of tabes incoördination symptoms are known to remain in abeyance. This is the common experience and has been satisfactorily explained. The case is unique, however, because of the fact that despite the presence of all the classic symptoms of frank and advanced tabes including the highest degree of optic atrophy the patient has been able to follow his occupation and is even now not embarrassed by the service required of him.